



WRITTEN TESTIMONY

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Committee on Appropriations
Subcommittee on Agriculture, Rural Development, Food and Drug Administration and
Related Agencies
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Thank you for the opportunity to address this committee. I serve as Professor of Psychology, Professor of Epidemiology and Public Health, and Director of the Rudd Center for Food Policy and Obesity at Yale University. The Rudd Center seeks to improve the world's diet, prevent obesity, and reduce weight stigma by establishing creative connections between science and public policy, carrying out research that addresses key questions in nutrition policy, and serving as an information resource to leaders around the world on matters of food and nutrition.

The Importance of Changing Defaults

The modern nutrition environment has evolved to create a challenging and dangerous set of defaults. Americans are exposed to feature after feature of the food environment that increases consumption of nutrient-poor and calorie-dense foods. A few examples are large portions,

pricing incentives (e.g., “value” meals, large containers), schools with incentives to sell food, and a barrage of marketing messages, nearly all for foods of poor nutrition quality. Obesity is a predictable consequence of these conditions.

Government can play a constructive role, and thereby enhance the ability of people to act responsibly, by changing conditions to create better defaults. Nowhere is this seen more clearly than with children and parents. Children make choices when they eat in school, but the likelihood of healthy choices depends on the foods made available. Parents realize this and are mobilizing around the country to foster changes in schools that create safe nutrition environments for their children, ones that support rather than undermine the health of their children.

There are many examples of public health actions taken to change defaults. Air bags in automobiles decrease fatalities, required immunization of children prevents a public health disaster, and safe water supplies reduce the likelihood of water-borne illness. At issue is whether better food defaults can be created and whether it is the rightful role of government work toward this goal.

The nation is moving rapidly down a path of intensified government action to help prevent diet-related diseases. Trans fat restrictions in restaurants and menu labeling, both initiated by the New York City Department of Health, better nutrition guidelines in schools, and increased willingness to tackle issues such as children’s food marketing and the use of taxes are signals that government is acting to change defaults. This is necessary if there is to be hope of addressing the

nation's obesity and diabetes epidemics. The remainder of this testimony will address three such areas where defaults can be changed: school nutrition, marketing, and economic policy pertaining to taxes.

Child Nutrition Programs

Programs funded by the Child Nutrition Reauthorization Act (CNRA) are essential to the health and well being of the nation. In 2009, the National School Lunch Program (NSLP) reached 31.2 million children in more than 101,000 schools and residential childcare institutions. The School Breakfast Program (SBP) expanded to reach an additional 520,000 children with 8.8 million children involved during the 2008-2009 school year. The Child and Adult Care Food Program (CACFP) serves more than 3 million children daily in child care centers.

Children eat half of their daily calories at school, and during difficult economic times, the vitality of these programs is more important than ever. There is room for improvement in the nutritional quality of the foods offered to children through these feeding programs, and to expand the reach of breakfast to more children who are in need.

The following recommendations could help create progress toward these goals:

National School Lunch and School Breakfast Programs

- The USDA can adopt standards for the NSLP and SBP as outlined in the IOM's *School Meals: Building Blocks for Healthy Children* report, released in October of 2009. The recommendations include:

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- Increasing the amount and variety of fruits, vegetables, and whole grains
- Setting a minimum and maximum calorie level
- Reducing saturated fat and sodium.
- Increase the NSLP reimbursement rate by \$1.00 per meal to enable schools to purchase healthier foods, including more fruits, vegetables, whole grains, non- and low-fat dairy, and low-sodium foods.
- Make the SBP universal (free to everyone).
- Continue to improve the nutrient quality of USDA commodity foods.
- Provide nutrition and culinary training to school food service workers.

Foods of Minimal Nutritional Value (Competitive Foods)

- Apply the Institute of Medicine's (IOM) *Nutrition Standards for Foods in School* to all competitive foods sold, offered, and served in schools. The standards would:
 - Limit amounts of fat, saturated fat, trans fats, sugars, and sodium
 - Allow only caffeine-free water, low- or non-fat milk, or 100% fruit juice for all grade levels during the school day and create guidelines for reasonable portion sizes.

Child and Adult Care Food Programs

- Increase reimbursement rates to make it possible to serve healthier foods, especially fruits and vegetables.
- Eliminate the recognition of juice as a fruit serving.
- Allow only water or 1% or skim milk for children over age two.

- Require all breads to be 100 percent whole grain.
- Limit the sources of saturated fat: fried foods, high-fat meats, and high-fat cheeses.
- Count fruits and vegetables as two separate food groups; require full servings of both fruits and vegetables at lunch and one at snack time.
- Limit added sugar in products.

School Wellness Policies

- Establish a process whereby schools create a permanent wellness committee with representation from school administrators, teachers, students, parents, health professionals, and the community.
- Make the policies public by posting on school websites.
- Evaluate the policies using a validated measurement tool and make the results public.

Marketing to Children

According to the FTC, every year the processed-food industry spends over \$1.6 billion marketing calorie-dense, nutrient-poor foods to children. Television is no longer the only medium: children see ads on internet games, cell phones, through social media such as Facebook and Twitter, through product placement in movies and TV shows, as well as through product “integration” (whereby companies pay to have their product built into the story line). Children are also exposed to extensive marketing in schools, with advertising on score boards, vending machines, and the internet, and through Channel One, ads on school buses, coupons rewarding students for good grades, and fundraisers such as “Box Tops for

Education.” Despite industry pledges to reduce marketing of less healthy products through the Council of Better Business Bureaus’ Children’s Food and Beverage Advertising Initiative, 98 percent of ads directed toward children promote foods that are high in fat, sugar, and sodium. A recent Rudd Center study found that the least healthy children’s cereals are the ones most heavily marketed to children. They have, on average, 85 percent more sugar, 65 percent less fiber, and 60 percent more sodium than cereals marketed to adults.

The following changes could help promote needed change:

- A ban on marketing and advertising in schools. This could be addressed a number of ways, including through school wellness policy requirements.
- To the full extent of its power, the FCC should regulate food marketing to children and adolescents, and Congress should enhance the FCC’s power accordingly.
- The FTC is developing new guidelines to address privacy-related online marketing practices. Among the contemporary marketing techniques that will likely be affected include behavioral targeting and other data mining approaches. Many of these new FTC proposals could improve the online marketing environment targeting young people, especially food and beverage advertising. It would be most helpful if the FCC and FTC worked hand in glove.

Reducing Consumption of Sugar-Sweetened Beverages

Sugar-sweetened beverages (SSBs) are the single greatest source of added sugars in the American diet. Decreasing consumption of sugared beverages has been endorsed by leading governmental and public health organizations, including the CDC, USDA, IOM, American

Heart Association, and the American Academy of Pediatrics, among other organizations. Sugar-sweetened beverage consumption increased over 70% between 1977 and 2000, with children now averaging 172 calories per day. The increase is due in part to the heavy marketing to children as young as two years old, using celebrities and sports stars to attract and create brand loyalty in children.

The science is clear: consumption of sugar-sweetened beverages is associated with obesity, type 2 diabetes, heart disease, dental caries, and overall lower diet quality. Sugar-sweetened beverages are essentially “empty” calories, with no nutrition, and children should be discouraged from drinking them.

Rudd Center scientists have estimated the impact of changes in food prices on consumption and have concluded that a 10 percent increase in price would result in an 8-10 percent decrease in consumption. Along with a variety of nutrition experts around the country, we have recommended a federal excise tax of one penny per ounce on all SSBs (including, soft drinks, teas, sugared waters, sports drinks, energy drinks, and fruit drinks). Revenues could be used for a variety of programs designed to improve nutrition. Perhaps the most logical use would be to subsidize fruits and vegetables or to increase the reimbursement rates for NSLP, SBP, and CACFP meals to allow for purchases of more healthful foods for children in need.

We also recommend removing sugar-sweetened beverages from the list of tax-exempt foods that can be purchased using SNAP.

Summary

Government interest in nutrition and obesity prevention has never been so high. Discussions at agencies such as the CDC, FTC, USDA, and FDA, in the White House, and in legislatures in Washington and the states suggest a brighter future. These players are developing programs and proposals designed to help protect the nation's children, make it easier for parents to defend the health of their children, make institutions such as schools safer nutrition environments, and enhance the ease with which people can take more responsibility for their health. As you continue your work on this important issue, the Rudd Center would be pleased to continue providing resources and information.

Thank you again for this opportunity to submit testimony.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kelly D. Brownell', with a long horizontal line extending to the right.

Kelly D. Brownell, PhD